



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
INSURANCE DIVISION - FINANCIAL SECTION
 500 James Robertson Parkway, Fourth Floor
 Nashville, TN 37243-1130
 (615) 741-1670

Registration Application for Prescription Drug Discount Plan Operators

Public Chapter 474, Section 2

OPERATOR INFORMATION			
1. Company Name:			
2. Company Address:			
City:		State and Zip:	
3. Contact Person:		Name: Title: Phone: Fax: E-mail:	
Company's Website Address:			
Name(s) of Prescription Drug Discount Programs offered in Tennessee:			
Is any program offered in Tennessee CMS approved?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is any program offered in Tennessee manufacturer sponsored?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Number of (a) cards issued OR (b) new plan members joining in prior 12 months in Tennessee		(a) (b)	
States Operator is licensed or registered to offer Prescription Drug Discount Plans			

PARENT COMPANY INFORMATION - CHECK HERE IF N/A <input type="checkbox"/>			
Parent Company Name:			
Parent Company Address:			
City:		State and Zip:	
Contact Person:		Name: Phone: Fax: E-mail:	
Company's Website Address:			

In order to be complete, please attach the following materials to this registration form:

1. A copy of the operator's promotional and marketing materials that are distributed to prospective members, along with a copy of any contract or agreement entered into between operator and member;
2. A sample prescription drug discount card for each type of card offered in Tennessee;
3. A list of drugs and drug classifications that make up the prescription drug discount plan OR If open formulary please check here ☐;
4. Name and address of agent in this state for service of process. Please provide such information on company letterhead and mail to the address listed above or fax to the attention of Brenda Meade at fax number (615) 532-6169.

Registrations must be submitted to the Insurance Division by August 1st.
For additional information please contact Phil Adams at (615) 741-1670.

CERTIFICATION

On behalf of Operator, I , _____, certify that all the information contained in this registration is a true and accurate statement; that the promotional materials for prescription drug discount cards and other items requested above are included with this registration; that the discounts offered by the prescription drug discount cards are specifically authorized in contracts with health care providers; and that the discounts offered in the enclosed promotional and other materials are not misleading, deceptive or fraudulent as required by Tenn. Code Ann. §§ 47-18-2701 and 47-18-2702.

Officer or Director (Printed Name)

Signature

Title

Date

Notary Public

Date

My Commission Expires: _____